

**Section 1: Program**


---

Name of program: \_\_\_\_\_

Date(s): \_\_\_\_\_

**Section 2: Minor Child Information**


---

 Name: \_\_\_\_\_ Name You Use (ex: Nickname, Chosen Name): \_\_\_\_\_  
           First                          Middle                          Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 3: Parent/Legal Guardian/Foster Parent Information**


---

 Parent/Legal Guardian/Foster Parent: \_\_\_\_\_  
   First  Middle  Last

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 4: Medical Information**


---

Is the minor child currently being treated by a physician for an injury or illness? Yes or No; if yes, please explain: \_\_\_\_\_

List all medical conditions that should be noted: _____ _____	List all medication that is currently being taken: _____ _____	List all allergies/health conditions/concerns: _____ _____
---	--	--

Reaction to allergies/conditions/concerns: \_\_\_\_\_

List steps to be taken to accommodate this condition: \_\_\_\_\_

**Section 5: Transportation (pick up and drop off)**


---

All Programs must establish a procedure for the pick-up and drop-off of Program Participants, specifying times and locations. The Authorized Adult(s) overseeing the pick-up and drop-off of Program Participants shall remain at the specified location until all minor children have been released.

